

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 09/888015	Filing Date			
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							51			
102	X						52			
103		X					53			
104			X				54			
105				X			55			
106					X		56			
107	X						57			
108		X					58			
109			X				59			
110				X			60			
111					X		61			
112						X	62			
113							63			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	9						Total Indep			
Total Depend	30						Total Depend			
Total Claims	45						Total Claims			

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CLAIMS ONLY

SERIAL NO.
09888015

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	X					
3	I					
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30	I					
31	I					
32	I					
33	I					
34	I					
35	I					
36	I					
37	I					
38	I					
39	I					
40	I					
41	I					
42	I					
43	I					
44	I					
45	I					
46	I					
47	I					
48	I					
49	I					
50	I					
TOTAL AMENDMENTS		5		5		5
TOTAL DEP.	40		40		40	
TOTAL CLAIMS						

#	A		B	
	IND.	DEP.	IND.	DEP.
51	I			
52				
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100				
TOTAL AMENDMENTS	5	5	5	5
TOTAL DEP.	20	20	20	20
TOTAL CLAIMS	23	23	23	23

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS